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CONFIRMATION NO. 5779

<b>SERIAL NUMBER</b> 10/694,376	<b>FILING OR 371(c) DATE</b> 10/27/2003 <b>RULE</b>	<b>CLASS</b> 422	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> MSE #2650	
<b>APPLICANTS</b> Allen J. Brenneman, Goshen, IN; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/421,641 10/29/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/03/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> <i>Initials</i>		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> Jerome L. Jeffers, Esq. Bayer Healthcare LLC P. O. Box 40 Elkhart, IN46515-0040					
<b>TITLE</b> Optical reagent format for small sample volumes					
<b>FILING FEE RECEIVED</b> 942	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		